Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319

I.D. NO	
FORM: EXMPTLOB	

Application for Lobbyist Quarterly Reporting Exemption

Executive Branch

The form may be photocopied.		
PART A	LOBBYIST IDENTII	FICATION
Lobbyist's Name		
Mailing Address		
City/State/ZIP		
Area Code/Phone Number		
******	*******	********
PART B LOBBYIST PERIO	DIC REPORTING EXEMPTION	ON
encouragement of action before a2) I do not anticipate receiving c3) I do not represent any lobbyis	I am a designated representative of a state agency or any statewide ele compensation*, including salary, for st clients for which I receive any co- more than \$1,000 this year for lob	for that representation; compensation; and
		iodic lobbyist report. I understand that if I am exempt report, which covers the entire year, with my exemption
Signature of Lobbyist		Date Signed

* See lobbyist compensation under Iowa Code 351-8.5(1)